PTO/SB/17 (10-08)
Approved for use through 08/30/2010, OMB 0851-0032

Under the Paperwork Reduc	ion Act of 199	5, no person are required t	o respond to a collect	on of informati	on unless it display	s a valid OMB	control numbe
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
			Application Nu	mber 1			onf. #3791
FEE TRANSMITTAL			Filing Date		January 9, 2007		
For FY 2009			First Named In	. 011107	Shunichi OSADA		
	Examiner Name		M. B. Nelson				
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 130,00			Art Unit		1794		
TOTAL AMOUNT OF PAYMEN	Attorney Docket	No.	0599-0215PUS1				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
			ARCH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	330	165 540		220	110	10001	
Design	220	110 100		140	70		
Plant	220	110 330		170	85		
Reissue	330	165 540		650	325		
Provisional	220	110 0		0.50	0		
2. EXCESS CLAIM FEES	220	110 0	v	v	v	-	mall Entity
Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims 390 195							195
Total Claims Extra	e Paid (\$) Multiple Depende			ent Claims Fee Paid (\$)			
- or HP = x = Fee (\$)  HP = highest number of total claims paid for, if greater than 20.							
-	Claims		ee Paid (\$)	_			-
- or HP =	×	=	cc r uid (o)				
HP = highest number of independe	nt claims paid	for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (§135 for small entity) for each additional 50 sheets of rhaction thereof. See 35 U.S.C. 41(a)(f)(g) and 37 CFR 1.10(a) and 37 CFR 1.05							
	ra Sheets		additional 50 or fra	tion thereof	Fee (\$)	Fee P	aid (\$)
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Fees Pai							aid (\$)
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 130,00							
2)							
SUBMITTED BY  Registration No. 22 969 Telephone (702) 205 9000							
Signature	(All			32,868	Telephone	(703) 205	
Name (Print/Type) Andrew Da	Date November 23, 2009						